



3/10/2020

Great American Insurance Group Tower  
901 E Fourth Street, 2nd  
Cincinnati, OH 45202-4204  
greatamericancrop.com  
greatamericaninsurancegroup.com

greatamericaninsurancegroup.com

New Heights Farm LLC  
6241 Ransom St  
Zeeland, MI 49464

Policy Number 1139524-2019  
Balance Due: \$124,743.00

Dear policyholder:

Great American Insurance (GAI) has agreed to your request for a payment plan for the balance due on your MPCI policy. The following is an outline of the scheduled installments to be made. \*\*Please be advised that these payments are approximate; your account will continue to accrue interest until the balance has been paid in full. \*\* If the payment is not received or postmarked on or before the scheduled due date, this agreement will be considered in default and the entire balance will be due immediately. At that time, your name will be added to the Ineligible Tracking System with an ineligibility date of 03/15/20. If Great American Insurance processes any indemnity claim while any debt referred to in this agreement is still outstanding, the indemnity will not be paid to you, but will be applied as payment toward the next scheduled installment(s) against this debt.

Please sign the form below and return it by 03/15/20.

<u>Due Date:</u>	Current Balance: \$124,743.00	
3/15/2020	\$35,000.00	Balance: \$89,743.00
5/1/2020	\$13,475.00	Balance: \$77,389.00
6/1/2020	\$13,475.00	Balance: \$64,881.00
7/1/2020	\$13,475.00	Balance: \$52,217.00
8/1/2020	\$13,475.00	Balance: \$39,394.00
9/1/2020	\$13,475.00	Balance: \$26,411.00
10/1/2020	\$13,475.00	Balance: \$13,266.00 (plus interest)
11/1/2020	\$13,431.00	Balance \$0.00

I accept the terms of this repayment agreement. The monthly payment must be received or postmarked on or before the scheduled due date. Payment may be paid online at greatamericancrop.com or by phone 800-341-5546

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature:  Date: 3/10/2020

Rebecca Combs  
 Great American Insurance  
 Agency Collection Representative III  
 513-763-8424  
 513-246-0612 fax  
 rcombs@graig.com

## Payment Information for

Insured:  
Policy Number:  
Type:

**New Heights Farm** 6241 Ransom St  
**1139524-2019** Zeeland, MI 49464  
**MPCI**

Send payments to:  
Great American Insurance Company  
Crop Division  
3923 Solutions Center  
Chicago, IL 60677

Premium	\$116,047.00
- Payment/Loss Credit	0.00
+ Interest	8,696.00
Amount due	\$124,743.00

		Beginning Balance	Payment	Applied to Principal	Applied to Interest	Ending Balance	Additional Interest	
Payment 1	3/15/2020	\$124,743.00	\$35,000.00	\$26,304.00	\$8,696.00	\$89,743.00	+	\$1,121.00
Payment 2	5/1/2020	\$90,864.00	\$13,475.00	\$12,354.00	\$1,121.00	\$77,389.00	+	\$967.00
Payment 3	6/1/2020	\$78,356.00	\$13,475.00	\$12,508.00	\$967.00	\$64,881.00	+	\$811.00
Payment 4	7/1/2020	\$65,692.00	\$13,475.00	\$12,664.00	\$811.00	\$52,217.00	+	\$652.00
Payment 5	8/1/2020	\$52,869.00	\$13,475.00	\$12,823.00	\$652.00	\$39,394.00	+	\$492.00
Payment 6	9/1/2020	\$39,886.00	\$13,475.00	\$12,983.00	\$492.00	\$26,411.00	+	\$330.00
Payment 7	10/1/2020	\$26,741.00	\$13,475.00	\$13,145.00	\$330.00	\$13,266.00	+	\$165.00
Payment 8	11/1/2020	\$13,431.00	\$13,431.00	\$13,266.00	\$165.00	\$0.00		

Please enclose remittance form with each payment

**PLEASE CALL 1-888-410-0468 FOR PAYOFF AMOUNT**

**Payment 8 of 8                    \$13,431.00**

**Payment Agreement**

Due Date: 11/1/2020  
Insured: New Heights Farm LLC  
Policy Number: 1139524-2019

**Payment 7 of 8                    \$13,475.00**

**Payment Agreement**

Due Date: 10/1/2020  
Insured: New Heights Farm LLC  
Policy Number: 1139524-2019

**Payment 6 of 8                    \$13,475.00**

**Payment Agreement**

Due Date: 9/1/2020  
Insured: New Heights Farm LLC  
Policy Number: 1139524-2019

**Payment 5 of 8                    \$13,475.00**

**Payment Agreement**

Due Date: 8/1/2020  
Insured: New Heights Farm LLC  
Policy Number: 1139524-2019